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PROGRAMME DEVELOPMENT IN THE EASTERN AND SOUTHERN AFRICA REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Eastern and Southern Africa region during 1994.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, Somalia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

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I. REGIONAL OVERVIEW

1. The social and political situations of countries of the Eastern and Southern African region (ESAR) were mixed in 1994. South Africa's inspiring example of reconciliation and democratic transformation is part of a process evident in many African nations. In contrast, the tragedy of intolerance and terror which took place in Rwanda is but one of several civil conflicts and man-made emergencies on the continent.

2. Several other historic multi-party elections took place in 1994, leading to peaceful changes of Government in Malawi and Sao Tome and Principe, and to the election of governing parties in Botswana, Mozambique and Namibia. The people of Uganda elected a constituent assembly.

3. In stark contrast to those achievements stands the large-scale depopulation of Rwanda as a result of massacre, displacement and terror following the death of the President in the March 1994. By late 1994, an estimated 2.3 million Rwandese remained in refugee camps in neighbouring countries. Neighbouring Burundi regained a fragile peace following the massacres of October 1993, but violence was widespread and security precarious. Somalia continued its gradual recovery from the 1992 famine, but was unable to resolve inter-clan rivalries which provoked armed clashes and insecurity. The conflict in Angola continued to produce population displacements, hunger and epidemics. Hope for a peaceful settlement was raised by the signing of a cease-fire agreement between the Government and the Union nationale pour l'indépendance totale d'Angola (National Union for the Total Independence of Angola) in November 1994.

4. Faced with such emergencies, Africa's intergovernmental organizations, including the Organization of African Unity (OAU), the International Governmental Authority on Drought and Development (IGADD) and the Southern African Development Community (SADC), have increased their efforts in conflict resolution. While these attempts have not so far borne fruit in Somalia or southern Sudan, the restoration of democratic Government in Lesotho following a military coup was negotiated successfully by the leaders of Botswana, South Africa and Zimbabwe.

5. Although weather was favourable in most countries, regional economic growth did not exceed population growth significantly. Prospects are good for 1995 if severe drought is avoided and conflicts diminish. South Africa, which accounts for roughly two thirds of the region's output, is forecast to reach 4 per cent growth. The other countries remain dependent on a limited range of export commodities and are vulnerable to changes in climate and world market prices.

6. According to the United Nations Development Programme Human Development Report, 1994, five countries in ESAR are in the "medium human development" category, while 18 are in the "low human development" group. Most of the former group have small populations. Of some 260 million people in the region, only 16.5 per cent, most of whom are in South Africa, live in medium human development countries. Botswana is the only country which has moved from "low" to "medium" human development status since 1970. The impact of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) pandemic on mortality, particularly among infants and young adults, makes it even more difficult for countries to improve their human development status.

II. PROGRESS ON THE CONVENTION ON THE RIGHTS OF THE CHILD

7. Only four ESAR countries have yet to ratify the Convention on the Rights of the Child: Botswana, South Africa, Swaziland and Somalia. The major challenge now lies in the promotion of implementation of the Convention. One of the first steps is the first country report, two years after ratification, to the Committee on the Rights of the Child. There are a few good initial reports, notably by Namibia. Eight countries are more than one year late in their submissions. Countries have found that preparations for meeting with the Committee have helped to strengthen national coalitions for child rights and to translate political commitments into action.

8. National programmes of action (NPAs) developed since the World Summit for Children provide a major means for implementing the Convention. Almost all countries have finalized their NPAs and are in the process of implementation or programme formulation. Eritrea and South Africa plan to complete their NPAs during 1995. Several countries are developing subnational action plans for children within their national frameworks. NPAs also are providing a useful framework for promoting human development priorities in international grant and lending programmes. To complement this, Governments are giving greater priority to the provision of basic services in public spending. In Ethiopia and Uganda, this shift is being facilitated by reduced military spending. Similar prospects now exist in much of southern Africa with the demise of apartheid.

9. The Convention on the Rights of the Child is regarded as applicable to the millions of children in the region still affected by armed conflict and its after-effects, particularly the articles relating to the rights of a family environment, to education that promotes respect for human rights and for a high attainable standard of health care. UNICEF is promoting the use of the Convention to design programmes for child protection and rehabilitation, as well as for the wider restoration of civil society.

III. PROGRESS TOWARDS THE GOALS FOR THE 1990s

10. At the 1994 Africa interregional consultation on the mid-decade goals, it was agreed that immunization coverage rather than disease reduction goals for the mid-decade would more applicable for Africa owing to the lack of historical epidemiology about pre-immunization levels. It also was noted that the Baby-Friendly Hospital Initiative (BFHI) should be monitored in respect of teaching hospitals and maternities with over 1,000 births per year.

11. The wide range of development levels of central statistical offices in ESAR necessitates a variety of approaches to monitoring progress towards the goals. All countries should be able to report on progress made in 1995 during the first quarter of 1996. The preferred approach will be to use a national sample frame and cluster sampling, in collaboration with the central statistical office. About one third of the countries in the region have the necessary infrastructure. The Statistics Section of the Economic Commission for Africa (ECA) in Addis Ababa has been collaborating with the Eastern and Southern Africa Regional Office (ESARO) in implementing this initiative. In the one third of countries without national sample frames and outposted enumerators, style cluster sampling will be implemented. This method is more likely to be applied in cooperation with ministries of health.

12. Another one third of the countries are affected by emergency or other especially difficult circumstances. These countries will use purposive samples. In some countries, these samples will cover only areas with adequate security or logistics. The results should provide useful information on levels of achievement in accessible and programme implementation areas.

13. Twelve of the 23 ESAR countries have good prospects for reaching the mid-decade goals and for accelerating progress towards the end-decade goals, particularly those for education and nutrition. These are mainly countries in southern Africa, as well as Kenya and some of the small island nations. Achievement of implementation of the Convention on the Rights of the Child, salt iodization, BFHI and immunization goals will be the most feasible, while the water supply and sanitation goals are likely to prove the most difficult to achieve. However, for all countries, progress towards both sets of goals, particular those for the year 2000, will be affected by economic constraints and the HIV/AIDS pandemic. While there may be a levelling-off of HIV infection among adults, there still will be high rates of infection and a substantial increase in AIDS cases in the next few years. Infection levels are still rising rapidly, particularly among adolescent girls. The infant and child mortality reduction goals are jeopardized directly by the transmission of the virus from infected mothers to newborns. Sickness and death among parents also are related to rising child malnutrition as a result of the inability of families to provide care, increased rates of school drop-out and growing numbers of children seeking income for their afflicted families through begging, criminality and prostitution. These trends, together with the associated resurgence of tuberculosis and simultaneous differences in malaria and cholera control, will necessitate even more efforts by countries, their regional institutions and cooperating partners if the targets of the Consensus of Dakar and the NPA goals are to be achieved.

IV. COOPERATION WITH REGIONAL INSTITUTIONS

14. Based on the Memorandum of Understanding signed in 1993, UNICEF and ECA extended their collaboration in 1994 for the monitoring and analysis of the situation of children and women in Africa and the dissemination of related information. An "Atlas of the African Child" will be published jointly by UNICEF and ECA in the first half of 1995, with the aim of wide distribution, including to schools. ESARO and ECA also cooperated closely in the production of a Human Development Report for Africa and both are to support four pilot countries in ESAR for national monitoring of the mid-decade goals.

15. Cooperation also was accelerated with SADC. UNICEF and SADC jointly held a symposium on NPAs and goals for children. Ministers and senior officials from 10 of the 11 SADC countries reported on progress in implementing NPAs and the Convention on the Rights of the Child. They adopted a wide-ranging set of resolutions, calling on SADC to play a major role in southern Africa in monitoring and advocacy for children, as well as in facilitating country action in key areas such as pandemic disease control, product standardization and regulating the iodization of traded salt. Salt producing and importing countries in Eastern Africa held a follow-up meeting under the auspices of the Preferential Trade Agreement, with the participation of SADC and support from ESARO.

16. Cooperation with OAU focused on the promotion of humanitarian advocacy, with an emphasis on child rights and conflict resolution in the emergency-affected countries. Child advocacy also has involved IGADD, which is playing a prominent role in high-level mediation efforts in Eastern Africa, especially in respect of the conflict in southern Sudan.

V. REGIONAL OFFICE SUPPORT TO COUNTRIES

17. ESARO provided about 1,500 person-days of technical and advisory support to UNICEF country offices and national counterparts in the 23 countries of the region. This support focused on the achievement of the national goals for children and the promotion of the Convention on the Rights of the Child. Programme advisory support focused particularly on primary health care; nutrition; basic education; improvement of the design of UNICEF support, including gender analysis; and the monitoring and evaluation of country programmes. Support to countries continued for the eradication of dracunculiasis (guinea worm disease). Intensified support was provided for the monitoring of the mid-decade goals. New programmes included multi-country participation on communication for HIV/AIDS prevention and for the empowerment of the adolescent girl.

18. Technical support was provided through participation in country programme strategy, preview, mid-term and annual review meetings, as well as through advisory visits specifically requested by country offices. Support also was provided through the organization and facilitation of consultation workshops, intercountry exchanges, technical network meetings and training activities, often with the participation of national counterparts and representatives of regional and international organizations. Several of these involved geographic country "clusters" in an effort to address problems such as disease control and the regulation of salt traded on a subregional basis. Advocacy with heads of State and ministers on key strategic issues for children and women in the region was prominent. ESARO support for improved country office management in operations was provided for supply, personnel, finance and follow-up of audit recommendations.

19. Priority was given to advocacy and technical and operational support in Eritrea, which is preparing a range of social policies and programmes following independence, and in South Africa, where political transformation in the context of the region's second largest population and largest economy has provided a major opportunity for social progress. The regional office also served as a resource centre for emergency programmes for several country offices, most notable Rwanda. Support has been given to emergency procurement, logistics, training, personnel management, information services and the facilitation of intercountry planning and consultation. ESARO has provided the services of a staff counsellor, as well as expert advisory support, on addressing the psycho-social needs of children in conflict and training for critical incident stress management. The office also has increased support to African countries and non-governmental organizations (NGOs) in humanitarian advocacy in general, and in publicizing the effects of conflict on children and women in particular.

VI. PROSPECTS IN THE REGION AND EXPERIENCE WITH THE APPLICATION OF RECENT EXECUTIVE BOARD POLICIES

A. Socio-economic prospects

20. Rapid improvements in the access of South African children and women to health, welfare and education can be expected in the post-apartheid era. Such achievements should be a catalyst for the entire continent and are likely to have a major impact on the southern "tier" of SADC countries. The positive outlook for southern Africa is reinforced by the political settlement following the elections in Mozambique and the moves towards a lasting peace in Angola. The strengthening of economic and trade cooperation between Kenya, Uganda and the United Republic of Tanzania, as well as the stable relations between Eritrea and Ethiopia, bode well for development.

21. However, the region still faces formidable challenges, such as reducing poverty, ensuring access to basic services, renewing progress in reducing child mortality and tackling the persistently high levels of undernutrition. Major challenges include the widening HIV/AIDS epidemic, the burden of international debt still carried by many countries, low levels of public resources available for investing in people, the vulnerability of national economies and poor families to drought, the environmental implications of rapid urbanization and the effects of recent conflicts.

B. Strategic trends in UNICEF programme cooperation in the context of the multi-donor evaluation

22. Faced with such challenges, UNICEF support and advocacy in the region is showing a gradual but significant change of emphasis. In countries making rapid progress, such as Botswana, Namibia and Zimbabwe, where the provision of basic services is nearing comprehensive levels, UNICEF cooperation is focusing more strongly on programme sustainability and on enabling families and communities to make improved use of social facilities. This required the strengthening of information and social mobilization activities, as well as an emphasis on capacity-building for improved national resource management.

23. Intensified communication approaches are important for behavioural changes, for example, to slow the HIV/AIDS pandemic, improve sanitary and hygiene practices, and ensure the adoption of recommended child feeding and rehydration practices. Innovative communication approaches, such as animation, are being developed with ESARO technical coordination, particularly for the empowerment of the girl child. Greater use is being made of television and radio for the dissemination of health information and to motivate behavioural change.

24. In countries now emerging from civil conflict or severe economic decline, such as Eritrea, Ethiopia, Madagascar, Mozambique, Uganda and Zambia, the task of reviving basic services is being approached through administrative decentralization. The emphasis is on local management and accountability, the participation of communities in decision-making and local resource mobilization to support service provision. Given national resource constraints, cost-sharing, coupled with the retention of funds at the local level and participatory planning for service provision, has emerged as a major strategic approach, which is consistent with the Bamako Initiative. Zambia's health sector reforms and Uganda's district planning efforts are examples of such an approach. UNICEF is assisting decentralization through support to national-level support systems for basic services and for testing approaches to capacity-building and participation for empowerment at local levels.

25. The mainstreaming of gender concerns will continue to form a major focus for UNICEF cooperation. This will be integrated in the strategic and programmatic design of UNICEF cooperation, and serve as the object of wider advocacy and mobilization efforts with partners in Government and civil society. The Fourth World Conference on Women to be held in Beijing in 1995 is expected to provide a major impetus to these efforts. ESARO will pursue its collaboration with the United Nations Development Fund for Women, ECA, the African Women Development and Communication Network and other partners in the region for research, analysis and advocacy on gender issues, as well as increase its support to country offices in this area, including the training of gender analysts and of women as leaders in UNICEF.

C. Trends in the UNICEF emergency response

26. Working closely with other United Nations agencies and a large number of NGOs within the framework of the relevant United Nations Consolidated Appeals, UNICEF in 1994 supported a range of priority relief and survival programmes in the emergency-affected countries, including Angola and Rwanda. Areas of intervention included "measles-plus" immunizations, micronutrient supplementation, control of diarrhoeal diseases, provision of essential drugs, restoration of basic health and education services, and assistance to children in especially difficult circumstances and to the recovery of family farming. In Somalia, despite a deteriorating security situation, UNICEF continued to implement a multifaceted programme through its field offices, often in partnership with community groups and focused increasingly on restoring access to basic services. The major UNICEF emergency programmes have benefited from strong support from National Committees for UNICEF and international donors.

27. With ESARO support, relatively new areas of UNICEF programme interventions will be expanded in 1995 in conflict-affected and post-conflict countries, including Eritrea, Mozambique and Somalia as well as Angola, Burundi and Rwanda. These include support to the psycho-social rehabilitation of children; family tracing and reunification; increased attention to the health, protection and the psycho-social needs of women; the restoration of schooling in emergency situations and as a major component of social recovery; and the promotion of child rights and social reconciliation in conflict situations.

D. Child rights as a guiding framework for country programme cooperation

28. ESARO and country offices in the region increasingly will promote the role of the Convention on the Rights of the Child in providing the overall moral and legal framework for UNICEF cooperation. This includes monitoring and promoting child rights as a priority for UNICEF advocacy and support. The Convention also will provide the context and guide the programmatic agenda for UNICEF support to service delivery, capacity-building and the empowerment of children and women in the region.